

**DEPENDENCY
(JUVENILE COURT
CASES ONLY)**

1

To File a Dependency Petition
(Forms Packet)

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SELF SERVICE CENTER

JUVENILE COURT - DEPENDENCY PAPERS (Forms Only)

How to assemble these documents

This packet contains court forms about filing a ***“Dependency Petition”*** in Juvenile Court. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
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SELF SERVICE CENTER

FILING DEPENDENCY PAPERS IN JUVENILE COURT

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to file a Dependency Petition, AND,
- ✓ You believe that there is no parent or guardian willing or able to provide proper care and control over a child(ren), AND,
- ✓ You believe that you are a fit and proper person to care for the child(ren), AND,
- ✓ The child(ren) lives in Maricopa County, State of Arizona or you have talked to a lawyer who has told you can file a Dependency Petition in Maricopa County.

WARNINGS:

- A. If you are the mother or father of the child(ren), do not use this packet to establish or modify a child custody order.
- B. You should also know that an adult may ask the Probate Court to be appointed as the legal guardian of the child(ren). When a parent is unavailable, incapable, or unwilling to provide for the child(ren), a court-appointed guardian may step in and act as the parent. If the child(ren)'s parent or parents agree, you may want to file a Guardianship Petition instead of a Dependency Petition in Probate Court. If you have questions about the difference between Dependency and Guardianship read the form called "important information you need to know when filing a dependency" and contact a lawyer for help.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Superior Court of Arizona
Maricopa County
Family Court Cover Sheet

Check one:

- ☐ **Dependency**
☐ **Termination of Parental Rights**
☐ **Adoption**

Case Number (Clerk will stamp case # when documents are filed).

ATLAS number(s): _____

Instructions:

(if applicable)

- Provide the following information requested about each party.
- Type or print neatly in black ink.
- If more room is needed, please attach a separate page.

Information about the Petitioner:

Name: _____ Business phone: () _____
Address: _____ Cell phone/pager: () _____
City, State, Zip: _____ Title (if applicable): _____
Home phone: () _____ E-mail address: _____
Attorney name/Bar number: _____ Relationship to child(ren): _____

Information about the Children:

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____

Information about Mother of Child(ren):

Name: _____
Address: _____
City, State, Zip: _____
Home phone #: () _____
Work phone number: () _____
Cell phone/pager: () _____
Date of Birth: _____
Social Security #: _____

Information about Father of Child(ren)*:

Name: _____
Address: _____
City, State, Zip: _____
Home phone #: () _____
Work phone number: () _____
Cell phone/pager: () _____
Date of Birth: _____
Social Security #: _____

E-mail address: _____ E-mail address: _____

Name(s) of child(ren): _____

(* If there is more than one father, please list additional fathers on page three (3). Also please specify, if there are multiple fathers, which fathers are connected with which children.)

Please list ANY siblings of the children listed above who are NOT involved in this case:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names, Date of Birth and Social Security Numbers for ANY adult, over the age of 18, who is living in the same home as any of the children listed above:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If yes, please describe, and provide case numbers if known: _____

Domestic Violence Section

Has anyone mentioned on this cover sheet been the victim of any family or domestic violence? ☐ Yes ☐ No. If yes, please identify: _____

Has anyone mentioned on this cover sheet been the plaintiff, defendant, or named on an Order of Protection? ☐ Yes ☐ No.
If yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court?
☐ Yes ☐ No

If no, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named on this cover sheet in any physical danger due to abuse or neglect? ☐ Yes ☐ No.

Has anyone named on this sheet had any involvement with AZ Child Protective Services? ☐ Yes ☐ No.

If yes, please provide CPS or Juvenile Court case #: _____

Name, phone, and site code of case manager: _____

Are any of the children listed on this cover sheet eligible for Tribal enrollment?

☐ Yes ☐ No. If yes, please indicate which Tribe/Nation: _____

Are any of the parents listed on this cover sheet Native Americans? ☐ Yes ☐ No.

Tribal information/ contact: _____

LOCATION: (Check the Superior Court location where you are filing these documents)

☐ Mesa – Juvenile Court ☐ Durango – Juvenile Court

INTERPRETER: Is an interpreter needed for any of the parties? If so, please check the appropriate box below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.** An interpreter is needed for:

☐ Petitioner ☐ Mother ☐ Father (if more than one father, indicate which father needs an interpreter): _____.

Language: ☐ Spanish ☐ Other: Please specify: _____.

Information about Additional Father of Child(ren)

(If applicable)

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: () _____

Work phone number: () _____

Cell phone/pager: () _____

Date of Birth: _____

Social Security #: _____

E-mail address: _____

Name(s) of child(ren): _____

Information about Additional Father of Child(ren)

(If applicable)

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: () _____

Work phone number: () _____

Cell phone/pager: () _____

Date of Birth: _____

Social Security #: _____

E-mail address: _____

Name(s) of child(ren): _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Petitioner

Case Number: _____

Respondent

DEPENDENCY PETITION

Child(ren)'s Name(s)
Person(s) under the age of 18

1. INFORMATION ABOUT ME, the Petitioner:

My Name: _____

My Address: _____

My Telephone Number: _____
Home Work Message

My relationship to the child(ren): _____
I am a fit and proper person to care for the child(ren).

2. INFORMATION ABOUT THE CHILD(REN):

Child's Name	Birthdate	Sex	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. INFORMATION ABOUT THE PARENTS OR CURRENT LEGAL GUARDIANS OF THE CHILD(REN):

Name:

Relationship to Child:

Address:

4. CHILD'S CURRENT LIVING ARRANGEMENT.

A. The child(ren) is/are currently living with:

Name:

Relationship to Child:

Address:

B. The child(ren) has/have been living there since (give approximate date): _____

C. The child is now living in the State of Arizona, Maricopa County. ☐ Yes or ☐ No.

5. CHILD IS DEPENDENT. The Petitioner believes the child(ren) is/are dependent within the provisions of ARS 8-201.11, in that the child(ren) is/are in need of proper and effective parental care and control and has no parent or guardian willing to exercise or capable of exercising such care and control, or whose home is unfit by reason of abuse, neglect, cruelty, or depravity, as stated below:

A. The mother is unable or incapable of providing care for the child for the following reasons **(provide specifics)**:

B. The father is unable or incapable of providing care for the child for the following reasons **(provide specifics)**:

- 6. PERSONS WITH KNOWLEDGE ABOUT THE ALLEGATIONS.** The following persons can be contacted concerning the above allegations:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 7. DOCUMENTS.** Attached are the following documents which support the statements made:

A. _____

B. _____

C. _____

D. _____

E. _____

RELIEF REQUESTED: This is what I want the court to do:

- A. Based upon the foregoing allegations, immediate action is required and therefore the child(ren) should be made a temporary ward of the Court committed to the care, custody, and control of the Arizona Department of Economic Security with temporary physical custody to be placed in the Petitioner(s) who should be authorized to sign for medical treatment. The Arizona Department of Economic Security may be authorized to consent for out-of-state travel within the United States for up to thirty days.
- B. The parents should be ordered to pay a reasonable sum to the Arizona Department of Economic Security for the care, maintenance, and support of the child(ren) should the child(ren) be placed in a foster home or institutional care.
- C. That the Court set an initial dependency hearing on this Petition in front of a judicial officer.
- D. Petitioner further requests that, after hearing this matter, this Court adjudicates the child(ren) dependent and this Court enter such judgment and orders for commitment, custody, care and support, or such other relief for the child(ren)'s welfare.

OATH AND VERIFICATION

I verify that the facts contained in the Petition are true and correct to the best of my information and belief.

Petitioner's Signature

SUBSCRIBED AND SWORN TO before me this date: _____
(Month, Day, Year)

Notary Public

OR

Michael Jeanes, Clerk by: Deputy Clerk

My Commission Expires:

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable) _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Petitioner

CASE NUMBER: _____

Respondent

**NOTICE OF INITIAL
DEPENDENCY HEARING**

Child(ren)'s Name
Person(s) under the Age of 18

**WARNING: YOU MAY LOSE CUSTODY OF YOUR CHILD(REN) IF YOU DO
NOT APPEAR AT THIS HEARING.**

NOTICE IS HEREBY GIVEN that the Petitioner, (name of Petitioner) _____
_____ has filed a Dependency Petition with the Juvenile Court in
Maricopa County regarding the above-named child(ren) and the child(ren) has/have been made a
temporary ward of the Court.

A HEARING HAS BEEN SET to consider the Petition on:

Date of Hearing: _____

Time of Hearing: _____

Location: Maricopa County Juvenile Court Center (check one box)
☐ Durango Facility **OR** ☐ Southeast Facility
3125 West Durango Street 1810 South Lewis Street
Phoenix, Arizona 85009 Mesa, Arizona 85210

Name of Judicial Officer: _____

TODAY'S DATE: _____

Petitioner's Signature